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PARASITICAL DISEASE OF THE SCALP.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I notice, in your last, a very just criticism upon the article entitled "The Woman who lives without Eating;" and it has seemed to me, and to several other medical gentlemen whom I have heard allude to the article in the same issue, entitled "Parasitical Disease of the Scalp," that this, too, was open to a few remarks. The article is certainly a peculiar one in more than one particular, but I pass over the first part, and come immediately to the passage which reads, "The evidences were such that I did not deem the microscope necessary to decide its parasitical nature." These evidences, we are forced to believe, were the statements of the patient that the hair bulbs could be seen to move plainly upon holding them to the light, and also the "wriggling" referred to. We are certainly told, in so many words, that this was evidence sufficient to convince the writer of the article, of the parasitical nature of the disease. I am not aware that there is any power in vegetable parasitic growths to excite movements of any kind, and we must therefore conclude that the parasites in this case were animal, especially as we read that there was a "sensation as though living creatures were there." Is n't it rather amusing? The patient, after being treated in vain for an impetiginous eruption, is suddenly informed that the trouble is probably caused by the presence of parasites in the hair follicles. The inquiry of the patient as to the nature of a parasite would be natural enough, and, at the answer, a hair is extracted, held up to the light, and the bulb ***seen to move very plainly***, and the "peculiar uncomfortable sensations" immediately change to "wriggling, as if living creatures were there"; and this is sufficient to convince a physician of at least twelve years' practice, of the parasitical nature of the disease, without the use of the microscope. It is even deemed entirely unnecessary to invoke the aid of this instrument after such evidence. It is very possible that in describing to the patient the nature of a parasite, the word ***ring-worm***

may have been employed; certainly nothing could contribute in a greater degree to make every bulb squirm before the eyes of the patient, and make every pustule teem with wreathing, wriggling creatures.

Seriously, Messrs. Editors, I know of no animal parasite found in the hair follicles except the *acarus folliculorum*. These are found chiefly on the face, and in the sebaceous follicles. When found in the hair follicles, it is probable that their real locality is in the little sebaceous follicles attached to the same. If the cause of the disease in question is these parasites, usually so harmless, let us know it.* If the disease is favus, let us know it. At all events, let not the aid of the microscope be deemed unnecessary. Is the writer quite sure yet that the disease is not impetiginous?

March 12th, 1859. M.D.

DISLOCATION AT THE RADIO-CARPAL ARTICULATION.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

DUPUYTREN and other eminent continental surgeons have denied the possible existence of this surgical lesion, and as the accident is certainly of infrequent occurrence, compared with the numerous instances of radio-carpal *fracture*, I have thought, from its statistical interest, a brief notice of a case not unworthy of being reported.

J. D., a heavy, lymphatic young man, 15 years of age, in attempting some feats of agility beyond his strength, fell across a pile of stones, with his left arm and hand bent under him. He was carried into my office directly after the reception of the injury. I found the forearm semi-pronated, with a sharply-defined tumor upon the palmar surface of the wrist-joint. The hand appeared bent backward and twisted upon itself, leaving a marked depression upon the dorsal aspect of the joint. The integuments were considerably contused and somewhat bloody, suggesting the existence of a more serious injury than simple luxation. In making some extension of the parts for the purpose of obtaining positive evidence of Dupuytren's fracture of the radius, the joint suddenly assumed its natural rotundity—the dislocation having been reduced without any special effort. I hardly know which was the greater, my surprise at the trivial character of the injury, or the admiration of the bystanders at the marvellous ease with which the deformity was relieved.

March 12th, 1859.

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* According to Wedl, Gruby saw a case in which the hair fell out from irritation produced by the *acari folliculorum*.

RESEARCHES ON THE POSSIBILITY OF RESTORING TEMPORARY LIFE TO INDIVIDUALS DYING OF DISEASE.

BY DR. E. BROWN-SEQUARD.

[Translated from the *Journal de la Physiologie de l'Homme et des Animaux*, for the Boston Medical and Surgical Journal.]

For many years my researches on the Transfusion of Blood, begun in 1846, and continued to the present time almost without interruption, have frequently afforded me results showing with certainty that life may be restored, for a certain time, in mammalia dying of various diseases, and especially of peritonitis.

I shall merely report here a few of the principal facts observed, intending to publish the rest in an extended memoir on the transfusion of blood.

The successful experiments were made on animals who had ceased to breathe for a variable number of minutes (in one case, seventeen minutes), and in whom all traces of voluntary movement and of sensation had disappeared. The sounds of the heart were still audible, in most of the cases, but there was no pulse in the arteries of the limbs, and often not even in the carotid; in two cases the beating of the heart appeared to have ceased for several minutes. The death struggle had taken place, and the pupil was dilating, or already dilated. In a word, death was imminent, and certainly no one could suppose that a spontaneous return to life was possible under such circumstances.

The diseases which had brought the animals to the verge of death consisted chiefly of inflammation of the peritoneum or of the pleura, following injuries to these membranes, made in the course of the experiments upon the different abdominal viscera, or upon the vagi, sympathetic or diaphragmatic nerves, in the thoracic cavity. In several cases the approaching death was owing to the extirpation of the supra-renal capsules, or of the kidneys.

In every case, without exception, asphyxia was the proximate cause of death. I do not intend to examine its mode of production, this question being too important to be treated incidentally, and I shall make it the subject of a series of papers on the causes of death in acute diseases in man and animals. I ought, however, to say here, that in a very large number of the cases of lesions of the abdominal viscera, in the experiments which form the basis of this paper, the asphyxia was principally the consequence of feebleness of the movements of the heart, the chief (but not the only) cause of which, was an irritation of the ramifications of the great sympathetic nerve in the abdomen.

But, however produced, the asphyxia existed, and in endeavoring to restore life temporarily to the dying animals, it was consequently to be taken into consideration. I was thus led to try whether artificial respiration might have some influence, and I practised it on eight or ten dying animals. In a few instances there was a slight increase in the strength of the movements of the

heart, and one animal seemed to recover his consciousness for a few minutes. The case was very different when the insufflation was employed before the death struggle, but as that is foreign to the subject, I will only remark that we may generally defer the last agony from one to several hours by means of pulmonary insufflation.

This means being inadequate to restore life to animals dying from febrile diseases, I endeavored to discover whether by employing others I might not succeed better. I would say to those who imagine that galvanism may be useful as a means of resuscitating the asphyxiated, that I did not employ it once, because I know that the surest way to destroy the remnant of life in the dying is to subject their nerves and their muscles to the stimulating and exhausting influence of galvanism. (See *Lois des phénomènes dynamiques de l'économie animale*, No. I., page 7–10 of the *Journal de Physiologie.*) I thought then of trying the transfusion of blood, not with the insane idea of the early transfusors, who thought it possible to cure the gravest diseases by substituting fresh blood for diseased blood, but with the desire of ascertaining the effect of this operation on an organism scarcely living, and necessarily condemned to a speedy death.

I performed the operation in different ways, but, on account of my limited space, I shall only describe, in reporting the following case, the method which succeeded best, and I shall afterward add a general description of some modifications of this proceeding.

Experiment.—In October, 1851, a dog, whose grand sympathetic nerve I had tied in the abdomen, was attacked with peritonitis, and, after two or three days' sickness, exhibited the signs of approaching death, so well known to vivisectors. The voluntary movements had already ceased for some time (I did not note the exact time). Sensation and reflex action were suspended in every part, even in the eyes. The last respiratory movements (those of the jaws and nostrils) had stopped. The death struggles (very feeble in this case) in the limbs, the face and the eyes, consisted only of trembling, limited to a very few muscles. The animal had expelled fæces and urine; the pupil was dilating, and the beating of the heart could no longer be felt. The only sign of life still remaining consisted in an indistinct sound, unlike the sounds of the heart, which was heard about eight times during the twelve seconds preceding the transfusion of blood from another dog, which was performed in the following manner. A silver tube, of a T-shape, was attached by the branch corresponding to the cross of the T to the interior of the right carotid of the dying dog, while the free extremity of the other branch, slightly curved, was introduced into the left carotid of another dog, whose head and body were firmly secured to a table. The blood of the healthy dog immediately circulated in two opposite directions, toward the head and toward the heart, in the carotid of the dying animal. At the same

time, the left jugular, and one of the femoral veins of the same animal were opened. At first these veins did not bleed, but almost immediately blood poured from the jugular, and after twenty or thirty seconds, some came from the femoral. During the first fifteen seconds by compressing the carotid which gave issue to the transfused blood, I diminished the quantity of this liquid, and at the end of two minutes the operation was terminated, and ligatures were placed upon the carotid and vein of the dying animal. The jugular vein was left open for four or five minutes, during which the pulsations of the heart began to be perceived. In proportion as the blood flowed from the jugular, the pulse returned. I then had recourse to artificial respiration. As I had but a single assistant, the disturbance caused by the experiment prevented me from counting the pulse during the first twelve minutes. When it was counted, it was very feeble, beating sixty-four times per minute. The insufflation was continued almost uninterruptedly during half an hour. There was sensation in the cornea from the eighth minute after the commencement of the insufflation; a few minutes later, inspiratory efforts took place. After twenty minutes, the animal made voluntary movements, and when the insufflation was stopped, respiration took place, which was quick, but without much strength. The restoration to life, however, was complete as to the existence of all the principal functions of animal and organic life. The animal, although feeble, raised himself on his fore legs, and wagged his tail when caressed. The small and feeble pulse was rapid (110 to 120; several hours afterward, 80). After remaining four or five hours in this state, the animal sank again, and died (I was about to say *died again)* eleven and a half hours after the transfusion.

I shall add only a few remarks to the details of this experiment. I did not weigh the dogs who were the subjects of it, and I do not know the amount of blood which was transfused, nor how much was lost by the dying dog. But I observed that the animal which furnished the blood was small, and that the other was large, so that, judging from these facts, from the duration of the operation, and from several other circumstances, I have reason to believe that the dying animal did not receive more blood than he lost. Subsequent experiments, however, have shown me that the quantity of blood transfused was too large, and that it is probable the resuscitation would have been more rapid if this quantity had been less.

In this experiment there were several causes for the return to life: 1, the passage of normal arterial blood through the coronary arteries, giving more irritability to the muscular fibres of the heart, and consequently rendering them more capable of obeying the stimulus (whatever it be) which causes them to contract rythmically; 2, the passage of normal arterial blood in the cephalic arteries; 3, the partial substitution of normal blood for blood al-

tered by an inflammatory disease, and by the asphyxia existing during the last struggles; 4, the insufflation of the lungs; 5, the relief to the distended right cavities of the heart, by the bleeding from the jugular vein.

Of these five causes of the temporary restoration to life, there is one, artificial respiration, which, as I have already said, is incapable, of itself, of producing this result. As to the others, I may say that they are nearly as inefficacious as insufflation, if employed alone. Thus, the injection of arterial blood toward the heart by the carotid, in dying animals, is capable only of increasing for a time the force and rapidity of the movements of this organ, but without restoring the circulation; so, also, the transfusion of blood by a vein only hastens the complete stoppage of the motion of the heart, if it is so performed that the right ventricle cannot, from an opening in the jugular, relieve itself of the distension which prevents it from contracting in asphyxia. Likewise transfusion by the carotid toward the brain only adds to the difficulty of contraction of the right ventricle; and, finally, opening the jugular, alone, gives more freedom of action to the right side of the heart, but only for a very short time.

A long time ago, M. Ségalas, and, after him, J. Reid, Dr. Cormack, Dr. H. Lonsdale, and finally Dr. Struthers, ascertained that in asphyxia from hanging, from blows on the head, and in certain cases of poisoning, the movements of the heart could be rendered more active, or could be restored if they had ceased, by bleeding from the jugular, and thus relieving the distension of the right cavities of the heart. This excellent method, if employed alone on an animal dying of an inflammatory disease, is absolutely inefficacious. Even by combining with it pulmonary insufflation, I have never succeeded in restoring the circulation, and still less the respiration and the functions of animal life; the only result has been an increase in the activity of the movements of the heart. But in the cases in which I employed both these means at the very beginning of the agony, and still better, before this was manifested by convulsions, I have frequently seen the respiration and circulation restored for one or two hours, and sometimes there was a momentary return of the functions of animal life.

In a number of cases I tried transfusion by the carotid in two opposite directions, taking care to keep the jugular open during, and a little after the transfusion, and without performing artificial respiration. The resuscitation in these cases was more rare than when insufflation was practised, but it took place in several animals, who lived one, two, or three hours.

Out of the number of trials which I made, I cannot tell what is the actual proportion of those animals who were restored to life for a certain time, nor what was the average duration of this new life in the dying animals upon whom I performed transfusion, insufflation and bleeding from the jugular, because I have not at

hand all my records of experiments; but from such notes as I have before me, I find that in eleven experiments, made on full-grown dogs, cats and rabbits, nearly all dying of peritonitis, four animals were quite restored to life during two, three and four hours (one dog, one cat and two rabbits), and that three others recovered, during one or two hours, their circulation, respiration and reflex action, without restoration of voluntary motion or sensation, while in the four others there was no result, except a slight augmentation in the movements of the heart.

Having of late years, after numerous investigations on the transfusion of blood, discovered that the blood employed need not be warm, and need not contain fibrine,* I have ceased to employ a healthy animal to effect the transfusion. After drawing blood from the jugular, and having commenced artificial respiration, I inject, at several intervals, and very slowly, a quantity of blood rather less than the animal has lost. I direct the injection alternately toward the heart and toward the head, in order to act on the brain, with a view to restore the respiration, and on the muscular fibres of the heart to increase their irritability.

Can we derive from these experiments any consequences relative to the combined employment of transfusion, insufflation and bleeding from the jugular, in individuals of the human species dying of inflammatory or other diseases? It would evidently be useless, if not cruel, in the great majority of cases, to snatch from death, for a time necessarily very brief, one of our fellow beings condemned to death by irreparable structural lesions. But cases might occur in which it would be important that intelligence, speech, the senses and voluntary motion should be restored to the dying. Now the facts stated in this paper, showing that *all the functions of animal life may be restored for several hours in animals in whom the final convulsions have given place almost completely to death*, render it extremely probable that the intellectual faculties, the senses, the speech, &c., might be restored for several hours in patients who have lost their faculties, and in whom the death struggle had commenced. The success of these operations is the more probable, since we need not wait, as I have done, in experimenting on animals, until the death agony has made considerable progress, and still less, until it has almost completely terminated.

* I have recently found, however, that defibrinated blood offers this danger, that when mingled with the blood of the animal into whom it is transfused, it sometimes causes a sudden coagulation; but it is probable that by adding a thousandth or fifteen hundredth part of caustic ammonia to the defibrinated blood, the only danger to its use, so far as I know, may be avoided.

THE ISLAND OF MADEIRA.

[A DESIRE having been several times expressed that the following interesting and valuable letter, originally communicated to the Boston *Daily Advertiser* (February 18th, 1852), be put upon record in the pages of a medical journal, a copy thereof has been kindly furnished us by Dr. J. M. WARREN, and we gladly avail ourselves of the opportunity to give it a permanent place in our pages.]

Dr. JOHN C. WARREN.

Dear Sir,—The following condensed account of Madeira, where I have the pleasure of passing the winter, may be of service, through you, to some of our American invalids, who have but little accurate knowledge about the island or the means of reaching it.

Madeira is a Portuguese island, situated in 32½ degrees of north latitude, and 17 degrees of west longitude. Its latitude is thus nearly that of Charleston, S. C., and about 20 minutes less than Gibraltar. It is 360 miles distant from the coast of Africa, and 250 north of Teneriffe. It may be considered as one mountain of volcanic origin, rising abruptly from the ocean, capped by several peaks, and riven by numberless ravines and valleys, which radiate in all directions from the centre toward the sea; its north side is wild and bold, it south side lower and more gradual in its descent.

Funchal, its capital, nestles at the foot of a noble amphitheatre on the south side of the island, behind a crescent indentation in the shore, its only bay. Surrounded on all sides, except the south, by mountains from one to five thousand feet high, it is protected from every cold wind, and is yet open to the direct rays of the sun from its rising to its setting.

Funchal presents the anomaly of a city without smoke and without dust. Its white-washed houses, its streets for the most part narrow and without sidewalks, its three small proças, occupy the narrow strip of level land, which borders the shore and encroach upon the steep ascent behind. Back of the town, upon the terraced sides of the amphitheatre, are scattered among the vineyards the "Quintas," or residences of the wealthier Portuguese and English.

The terrace around each quinta is laid out in paved walks, and adorned by the greatest profusion of fragrant flowers. A number of these quintas are occupied as boarding houses, and others are let to families who visit the island. They are generally preferred to the houses in town, on account of the fine view which they command and their retired situation. The boarding houses are numerous, and afford a wide selection as to position and temperature, from those situated close to the beach to others at various heights up the ascent behind the town. Many of them are kept

by Englishmen, and as they are patronized almost entirely by invalids, they are supplied with all conveniences necessary to the sick. The inhabitants of Funchal have long been supported by the annual visits of the English, and self-interest has taught them to provide the means to supply their wants. So that now, I know of no comfort, compatible with the nature of the place, that cannot be had.

The great advantage of spending the winter in a warm climate is the power of taking daily exercise in the open air. Hence the facilities for walking and riding are important questions in selecting a place of resort. The peculiarities of Madeira in this respect, owing to the natural conformation of the island, are little known.

From the small level plot of ground, on which the main part of Funchal stands, the roads ascend in all directions at a fearful angle with the horizon; sometimes at 25°, by measurement; often at 10° to 20°. Of course they are impassable to wheel carriages. Hence it comes that a vehicle of any kind on wheels is as great a curiosity in Funchal as a horse in Venice. There are but two in the city, belonging to lovers of notoriety, who produce them two or three times a year, with about as much effect as if Barnum's elephants were marched through the town.

To walk over these steep roads for any one but a native is out of the question; so that a stranger is chiefly confined in his walks to the precincts of the town, with the addition of one road, which runs along the shore toward the west for a distance of two miles, and in time will be carried several miles further. But living, as most visitors do, on the hill back of the town, they have no promenade but the terrace around the house, unless they ride or are carried in a hammock to the town, where they can walk in the proças or on the road just mentioned.

The want of carriages is compensated for by excellent horses, palanquins, hammocks and ox-cars. Almost everybody rides on horseback.

The horses are gentle and sure-footed, and always attended by a "burroquero," or boy, who follows behind, clinging to his tail to help him along.

The rides about Funchal are very fine, commanding exquisite scenery of mountain, ravine and ocean. The north side of the island is still more wild and grand. Its views are said by connoisseurs to surpass anything of the kind in Europe. They can be reached in a trip of three or four days from Funchal; but it is a severe tax upon the strength, and, when undertaken by an invalid, often undoes all the good effected by his winter's residence.

In a palanquin or hammock, suspended from a pole, which is borne on the shoulders of two men, one can ride nearly as fast as on horseback, over these uneven roads. The motion of the hammock is much more gentle than that of the palanquin, and it is bet-

ter adapted to the invalid, who can recline in it at his ease, while he enjoys the fresh air and some degree of exercise. The palanquin and hammock are the common modes of conveyance in making calls, or attending parties.

The nearest approximation to carriages is to be found in the ox-cars or sledges, which have been introduced into the island within a few years. They are almost identical in their construction with a Russian sleigh. They move on two runners, contain two seats facing each other, and have an iron rod projecting behind, which an attendant holds on by, and keeps the sleigh from "slewing." Two oxen are the steeds of this novel chariot. The experiment of riding in one could be easily tried in America, by harnessing a yoke of oxen to a sleigh and driving over bare ground; but it must be confessed that the stone pavements of Funchal are worn so smooth by constant friction as to diminish in a measure the squeaking and jerking of the runners, and that it is no despicable way of taking a ride when you get used to it.

As for amusements, in the common meaning of the word, Funchal has but few. There are no theatres, no concerts, but few parties, and no balls, except one given monthly by a Portuguese club. There is scarcely any intercourse between the Portuguese and the English visitors; but the English merchants have a true southern hospitality toward all strangers. An association of these merchants possesses a very good library of several thousand volumes, and a billiard room, to which visitors are allowed to subscribe.

Still this delicious climate, this fine scenery, and books in abundance, do not compensate many people for the loss of excitement and for the absence of all communication with the rest of the world, for a month at a time. Yet the quiet life which is led here is no small recommendation to an invalid.

I am now writing on the 25th of December, but, for aught I see around me, I might think it was June. The orange trees in front of the house are ripening their fruit. The light green leaves of the banana are waving their broad expanse in the breeze. The rose, heliotrope, jessamine, fuchsia, passion flower and geranium are flowering in the greatest profusion, climbing over the trellises about the gardens, or growing wild by the roadside; and if you could ascend the mountain with me 1800 feet, where a *cooler climate* prevails, I could show you *trees* of the double camelia japonica, growing in the open air to the height of twenty-five feet, and putting forth buds, that in one month from now will unfold into exquisite flowers of white and crimson. Such is Christmas day at Funchal.

The climate of Madeira may be characterized as mild, equable and moist. The mean annual temperature of Funchal is 66° 93′. The mean temperature of December is 64° 25′; of January, 60° 24′; of February, 61° 12′; of March, 63° 43′. The steadiness of

temperature is the chief excellence of Madeira weather. The winters are warm; the summers comparatively cool; the change of temperature from month to month, and from day to day, remarkably gradual.

The mean annual range of the thermometer is only 14 degrees; the mean change of temperature from month to month is 2 degrees 21 minutes; from one day to another, 1 degree 11 minutes.

Hence the great superiority of Madeira over places which present the same mean annual temperature, but which include a far greater range, and are liable to sudden changes of heat and cold.

The amount of moisture in the air is an important element in considering the climate of any place. At Madeira moisture is not perceptible to the feeling. We never have a fog, though a slightly hazy state of the sky is not uncommon. Still I believe the climate to be moist in comparison with ours, though much drier than that of England. The air is never so bracing as it often is with us; and is somewhat relaxing in its tendency. Hence, in general, the climate may be said to be better adapted to patients with a dry, irritated state of the bronchi, and little expectoration, than to those who have a copious discharge from any mucous membrane, especially if attended by a relaxed state of the system.

Observations on the hygrometer at Funchal, made by Charles McEwen, Esq., of Philadelphia, in 1848–49, give the mean difference of the dry and wet bulbs during the colder months as follows:—December, 4 deg. 8 min.; January, 6 deg.; February, 6 deg. 4 min.; March, 9 deg. 1 min.; April, 6 deg. 4 min.; May, 6 deg. 8 min. I am now taking a series of observations which promise to confirm these results.

At irregular intervals during the year a sirocco wind, known here as the "Leste," blows for several days from the coast of Africa. The air is then very dry; directly the reverse in this respect to the sirocco of the Mediterranean.

The price of room and board at the best boarding houses in Funchal is $50 for the lunar month, but may be had as low as $30. Horses are generally hired by the month at $30. Besides these necessary expenses, there are but few other ways of spending money.

Madeira may be reached by the transient trading vessels from New York, but the accommodations are very poor. It is better to come by the way of England. The South American steam packets leave Southampton on the ninth of each month, stopping at Lisbon and Madeira. The fare to Madeira is from $100 to $150, according to the berth. The passage occupies eight days, including twenty-four hours at Lisbon. These are the only packets that sail with any regularity. Several sailing packets, with good accommodations and passage at $75, leave Southampton at irregular intervals, generally once a month. They take from six to twenty days to reach Madeira. If the report that reaches me is true of

a line of steamers to be established from New York to the Mediterranean, touching at Madeira, the facility of reaching here will be much increased.

The comparatively moderate temperature of the summer at Madeira renders it suitable for a residence the whole year round, which none of the resorts in Italy are. By ascending to the higher parts of the island, any oppressive heat is avoided. Some of the keepers of boarding houses in Funchal have summer houses on the mountains in the neighborhood, or accommodations can be found in a village to the north of the island.

The climate of Madeira has had many eulogists; perhaps it would be well if it had had less. It is indeed a delightful exchange of fogs and east winds, of snow and sleet, for the air of spring and eternal verdure; but if the invalid expects to find the fulfilment of a dream, "a land without a shower and without a cloud," as Madeira has been extravagantly described by some, he will be disappointed; or if he thinks to throw off all care of himself and find a panacea for all his ills in the climate, he will be wofully mistaken. But if he comes with the rational idea that no sky is invariably fair; that, the world over, he will find days and hours when exposure will be dangerous; if he looks upon the change of climate in its true light, as a powerful adjuvant to all that proper care on his part and medical skill can do, and acts accordingly, he may find the reward of his pains in restoration to health or lengthened days. Most respectfully yours,

Funchal, Madeira, Dec. 25, 1852. F. J. Bumstead, M.D.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

Foreign Body in the Right Bronchia Eleven Months and Five Days.—By S. A. Toothaker, M D.

In December, 1857, Lowry A., son of John L. Howard, of Wilmington, Mass., aged 18 months, suddenly became strangled, while being washed, as if from some foreign substance in the pharynx. The mother's finger, introduced as a curved probang, soon brought out of his mouth the round extremity of a custard-squash seed, being about two fifths of its original length. The symptoms of strangulation ceased, but immediately the child suffered from an oppressed and wheezing respiration, and severe paroxysms of coughing directly supervened.

This state of things continued, with but little apparent change, for some months. At times the cough would become more teasing, and the respiration more oppressed. Small emetic doses of ipecacuanha would then give some relief. Thus he lived along between hope and fear, on the part of his parents, for three quarters of a year. A severe cold at length increased the symptoms. They assumed a graver type. The little patient lost his appetite, refused his toys, would not get upon his feet, grew pale and much emaciated. Distinct râles were

heard at a distance from his crib, much of the time in another room, and the case presented little prospect of a favorable issue. Wine of antimony or ipecac, sufficient to produce emesis, would cause a free discharge of mucus from the air passages, and give temporary relief. The extreme debility, inappetency and paleness, with a hectic flush daily, appeared to indicate tonics, and quinine was tried with much advantage. The patient seemed better than for some weeks previous. Finally, on Saturday, Nov. 6th, a little bloody matter was for the first time expectorated, and the next day, during a paroxysm of coughing, the pointed end of the squash seed was ejected. The shell only of the seed remained, which I here exhibit. It measures, in its present dry condition, ten weeks after expulsion, more than half an inch in length by nearly three eighths in width. When expectorated, it was filled with a purulent fluid.

There was an immediate improvement in the little fellow, the respiration becoming easy, flesh and strength increasing. He is well.

[The late Dr. Ephraim Buck reported, some forty years ago, a case which occurred in his practice in the same town of Wilmington, of a child who had a watermelon seed lodged in the air passages for about two years, when it was expectorated; and the man is now living in an adjoining town.—Sec'y.]

American Dime in the Trachea.—By B. Cutter, M.D.

O. L., aged 17, while running in the street with this coin in his mouth, carelessly allowed it to slip into his throat during an inspiration, and it was drawn into the trachea. The boy's statement was readily proved, for by coughing lightly, the coin, which was too large to enter either bronchia, would be thrown up in the trachea, and its fall could be distinctly *heard*.

The patient was placed, face down, on a sofa, his legs and feet on the seat and held by an assistant, his pelvis over the arm of the sofa, allowing his body to hang vertically with his head near the floor. As soon as in position, a smart blow on the back was administered, and the coin immediately passed the glottis and fell upon the carpet.

Hematemesis.—Case reported by H. Holmes, M.D.

Mr. ——, Irish, a stout, athletic bootmaker, 42 years of age, called on me March 12th, 1858. He complained of lack of appetite, a feeling of lassitude, lack of energy to pursue his calling: tongue slightly furred, pulse natural, complexion sallow. Gave him blue mass 5 grs., every other night for a week, followed by gentle cathartics each succeeding morning. Some days afterward he reported himself better: and still later, that he was quite well, and felt like himself. April 17th, again called on me, complaining of tenderness on pressure in the epigastric region, and want of appetite. I prescribed for him, and advised him to avoid holding his work against his stomach, as was his wont. After this he consulted an Irish physician in Boston, and, as he thought, without benefit. Some one advised him to try Medford rum, which he did, until he was satisfied it did not agree with his complaint. About the first of July he called on me again, with all his former symptoms aggravated, and much emaciated. July 31st, I was summoned in haste, found him with features collapsed, eyes closed, head and shoulders raised, and apparently much exhausted. He had vomited a wineglassful of blood. This was preceded by a convulsion somewhat violent. His wife stated that he had raised a good

deal of blood at times, for some weeks. His extremities now were cold, pulse small and unsteady; and in about an hour he died.

Autopsy, 24 hours after death. Dr. Hodgdon present. Most of the organs were healthy, except the stomach, which contained about three pints of coagulated blood. Its tissues in the cardiac portion were inflamed, and in some places ulcerated; one of the ulcers, deeper and larger than the rest, had involved bloodvessels of considerable size, that had caused the hæmorrhage, which had resulted in death. The spleen was also firmly agglutinated to the part of the stomach inflamed.

Pertussis.—Cases illustrating Gibbs's Nitric Acid Treatment in Pertussis. Reported by W. Ingalls, M.D.

J. V., 4½ years old, and generally in good health, had, Nov. 22d, 1858, a very flushed face and dizziness, accompanied for an hour with "screechings." I saw him at 11, A.M., and found him heavy-eyed; conjunctivæ and skin around the mouth, yellowish; cheeks dingily flushed; tongue coated; pulse 120, not very hard; respiration not much accelerated. Has been whooping one week, and for two weeks previous had catarrhal cough. For the last three nights has not slept one whole (consecutive) hour, on account of the paroxysms of coughing. ℞. Hydrarg. chlorid. mit., gr. j.; sacch. alb., grs. x. M. et in chart. No. iij. divid. One of the above powders was given at 11 o'clock, A. M. The following mixture was left, with directions that the child should take one teaspoonful of it every two hours, beginning as soon as the calomel should operate. ℞. Acidi nitrici dilut., ℥ xii.: tr. cardamom. comp., ℥ iij.: syr. simpl., ℥ iiss.: aq. puræ. ℥i. M.

Nov. 23d, 11, A.M.—The mother reported that the powder operated at 5, P.M., and that at 6 she gave the first spoonful of the acid mixture; from about 2, A.M. to 6, A.M., there was no paroxysm of coughing, and during most of the time the child slept well. The yellowness remains; countenance more natural; pulse 95, soft; tongue cleaning. Continue acid mixture.

Dec. 12th.—The mother reports that from my last visit on the 23d ult., the child has had very few coughing spells in the night time, a majority of the nights being passed in uninterrupted sleep.

Jan. 1st, 1859.—For the past week the child has seldom coughed, day or night. Has been taking two teaspoonfuls of the mixture three times daily.

Case II.—L. J. had been whooping two weeks, and had been coughing for four weeks when I saw her on the 20th Dec. 1858; 3½ years old; generally healthy; has chronic moderate enlargement of the tonsils. Have not been called upon before this day, because the mother thought little or nothing could be done for whooping cough but to let it take its course. For the last three or four nights the little girl has had many severe paroxysms of coughing, so that the night rest of both parents has been seriously broken in upon.

From 11, A.M., the child took one teaspoonful of the acid mixture mentioned above, every two hours regularly, until 10, P.M. From 11, P.M. until 3, A.M., she slept quietly.

Dec. 28th.—The cough is reported as "not troublesome;" there are two, and sometimes three, paroxysms in the twenty-four hours.

Jan. 10th, 1859.—The child has had no paroxysm for two days; takes three teaspoonfuls in twenty-four hours.

During the last twelve months I have been called upon to prescribe for no case that had not been whooping for at least two weeks. My note-book contains ten other cases, besides those above mentioned, in which I have employed the nitric acid treatment with manifest advantage.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 24, 1859.

CASTRATION FOR THE RELIEF OF EPILEPSY.

Under the above caption, the following paragraph appeared in the London *Medical Times and Gazette* of January 29th, 1859:—

"A man of middle age, who has come over from America in order to put himself under English treatment, on account of epilepsy, and who presents a remarkable illustration of the nitrate of silver staining of the skin, must have come under the notice of many of our London readers. He has been already at several hospitals, and his case has excited much attention. One object especially in view in his crossing the Atlantic was, to have tracheotomy performed, and another to find some surgeon who would remove his testes—his own firmly-fixed notion being, that his disease is referable to the latter organs. He is a widower. At length he has attained his wish. Mr. Holthouse, at the Westminster Hospital, about a fortnight ago, removed the glands. Opinions will, of course, differ widely as to the justifiability of such an operation; but a very interesting opportunity of showing the effect of so radical a measure on the disease, will, at any rate, be afforded. We shall, of course, revert to the further progress of the case."

There are certain points in the above to which we wish briefly to refer. The patient, it seems, went "from America in order to put himself under English treatment, on account of epilepsy." It would appear from this statement, that the unfortunate man could not get any proper treatment in this country, for his terrible disease. This is very distressing. We had been, until now, under the impression that most of our medical men, here, knew something of the treatment of the disorder in question, and were even enlightened so far as to be acquainted with the latest and most reliable suggestions thrown out, not only by "English," but by other foreign authorities. Perhaps, however, we have been mistaken; or else the patient has been living in some obscure portion of this continent—possibly in Canada—or, in *South* America, it may be, amongst the Peruvians or Patagonians—at all events, where some one has been absurd enough to give him the nitrate of silver until his skin "illustrates remarkably" the staining derived from the too prolonged internal use of that salt. We do not wonder he wants some *other* treatment—doubtless the "English" will do as well as any.

We next learn from the narration in the *Times and Gazette*, that one prominent object the patient had in view "in crossing the Atlantic was to have tracheotomy performed." At the first reading of this sentence, one might gather from it, very naturally, that no one in America knew how to perform tracheotomy—but, on considering the expression a little, its vagueness is resolved into the assertion—as we understand it—that the patient went to England to have tracheotomy

performed for his epilepsy—not having found any surgeon willing to treat it thus, in this country.

While we might have grave doubts as to the efficacy of tracheotomy in the treatment of any epileptic case—notwithstanding the illustrious "English" name attached to the origination of the procedure—we have a very decided opinion as to the next "English" performance recorded as completed upon the man who went "from America." He went, as the same journal tells us in the paragraph quoted above, "to find some surgeon who would remove his testes—his own firmly-fixed notion being, that his disease is referable to the latter organs." We rejoice that the deluded man *could not* find such a surgeon in America, and we are glad that he went away in order to "attain his wish." The *Times and Gazette* takes care to mention that the patient "is a widower"—in *quasi* extenuation, apparently, of the proceeding of Mr. Holthouse, of the Westminster Hospital, who "removed the glands."

We can hardly understand how a surgeon can justify a proceeding of this sort, or even be persuaded into it merely by a patient's importunity, or the urging of "his [the patient's] own firmly-fixed notion." A great many patients have similarly well-rooted ideas, to comply with which would, it is evident, be equally wrong and childish. The responsibility of right and wrong in such cases, lies wholly with the medical or surgical adviser: and he is no more justified in acceding to preposterous propositions on the part of his patients, than the superintendent of a lunatic asylum is if he entertains and carries into execution any of the wild whims of his *protegés*.

We fully agree with the latter portion of the *Times and Gazette's* comments upon the operation performed by Mr. Holthouse upon this epileptic wanderer. "Opinions will, of course, differ widely as to the justifiability of such an operation." We believe that, if the question could be decided by a vote of the entire medical profession, Mr. Holthouse would find himself in a very decided minority. We look with anxiety for the future revelations upon this "widower's" case, promised by the *Times and Gazette*—they will doubtless prove an important illustration of the force and propriety of "English treatment."

In this connection, we would refer to an *exposé* of a disgraceful proceeding—in America—given by Dr. La Fayette Avery, in the March number of the *Buffalo Medical Journal*. A sufferer from spermatorrhœa is the subject, and he did not have to cross the Atlantic in order to be castrated for the cure (?) of his disorder. He found a "botanic physician" willing to do it for him. The operation was, of course, performed in a bungling manner, the patient being indulged with some whiskey, to nerve him for the occasion. After a long time, one of the glands was "extirpated" (a descriptive term, indeed!), and then, the operator's knife being found too dull, he borrowed a sharper one from a physician—we are ashamed to write it—a *regular* physician, who so far forgot his professional standing as to be a witness of this barbarous process—"and removed the remaining testicle with more celerity." We ought to state that the reporter of this abominable procedure, Dr. Avery, declined to be present himself, but had the account communicated to him by the above-named physician, who, adds Dr. A., "allowed his desire for amusement to get the better of his sense of professional propriety." * * "*Amusement*," indeed!

The latest report of the patient's condition, as reported by Dr

Avery, is as follows: "General health partially restored, and he is able to do a moderate day's work. There is still spermatorrhœa, and he much regrets the loss of his seminal glands. He can look no one in the face, and says he would give one thousand dollars to have his manhood back again." A pleasant result, truly.

We do not wish to bring Mr. Holthouse and the "Botanic Physician" into too close proximity—for we know the former, by reputation, to be a gentleman and a highly esteemed surgeon—but we cannot, for the life of us, see why a man should be castrated for epilepsy any more than for spermatorrhœa.

We should have mentioned that the victim of the quack was *not* "a widower": but, from certain expressions in Dr. Avery's paper, we learn that he was glad to be released from the bonds of matrimony, and which was at once effected by his mutilation—"for his wife left his bed and board on the instant."

In conclusion, we would ask, respectfully and seriously, whether castration *versus* epilepsy is to be the order of the day?

THE NEW SYDENHAM SOCIETY.

Messrs. Editors,—I noticed, in your Journal of the 24th ult., an article respecting the "New" Sydenham Society. Since this notice, I have received a communication from the Secretary, Mr. Hutchinson, explaining somewhat the objects and scope of the "New" Society. The prospectus, which I have not yet received, though sent about the same time as this letter, will explain all matters fully. Mr. Hutchinson says, in his letter, "We have already 1700 members, and are steadily increasing. The books will be uniform in size (8vo.), type, &c., and the intention is to keep close to those of a practical class. * * * The number of books issued each year will depend upon the number of members. If we can gain another 300 this year, I have little doubt but that we can afford the whole of the six volumes mentioned for one subscription; at any rate, five would be certain."

The following notice was issued by the Council, Feb. 1st, 1859.

"The New Sydenham Society.

"The present Volume—Diday on Infantile Syphilis—is the first published by the New Sydenham Society.

"The following works are in the hands of the printer:—

"Vol. II.—Gooch on some of the more important Diseases of Women and Children, and other papers. With Prefatory Essay by Dr. Robert Ferguson. Wood cuts. To be ready in March.

"Vol. III.—Selected Memoirs on Diphtheria (Bretonneau, Trousseau, Guersent, Buchut, Daviot, and others). With a Bibliographical Appendix. Nearly Ready.

"Vol. IV.—Schræder Van der Kolk, on the Anatomy and Physiology of the Spinal Cord. With Plates.

Schræder Van der Kolk, on the Medulla Oblongata, and on the Proximate Cause and Rational Treatment of Epilepsy. With Plates. These two volumes will be bound in one.

"Vol. V.—Clinical Memoirs on Abdominal Tumors and Intumescence. By Dr. Bright. Collected and reprinted from the Guy's Hospital Reports. Edited by Dr. Barlow. With Plates and Wood cuts.

"Vol. VI.—A Volume of Translated Modern Essays (chiefly German) on different medical subjects. Wood cuts.

"The Council begs to announce to the members, that the first twelve months having been taken up in the organization of the Society, and the preparation of the first year's series of books, it has determined that 1858–9 shall count as one

year. The series of books, now commenced, will, therefore, be issued for 1859, and no second subscriptions will be due until January, 1860.

"The Council confidently trusts that Vols. II., III. and IV. will be in the hands of the members early during the present year.

"Whether the other volumes (V. and VI.) may be also issued as part of the first year's series, must depend upon the number of new members obtained.

"A small number of extra copies of the work will be printed for the supply of those who may join the Society during the current year."

Those desirous of becoming members, are requested to send their names directly to me, the Local Secretary for this section of the country. It is a labor *con amore*, and shall be so executed.

No. 1 Staniford Street. R. H. Salter.

RICHARDS'S COD-LIVER-OIL JELLY.

Since the use of cod-liver oil has been so universal and constant, much ingenuity has been expended in efforts to annul its exceedingly unpleasant taste and smell. These attempts have been only partially successful, although the majority of patients get so accustomed to the remedy, that its disagreeable qualities are often nearly or quite ignored. Perhaps the best plan for disguising cod-liver oil is to form a jelly, which shall, however, contain a large per centage of it. The preparation we here notice, purports to hold "eighty-five per cent. of the purest Light Oil, fresh from the livers." We have, in one instance, tried Richards's jelly, and found that it was easily taken—the taste and smell not being complained of. Different patients bear the remedy variously. Some cannot digest the oil at all—or they do so with difficulty. We should think it very probable that such persons might assimilate it in the gelatinized form.

The originator of this jelly does not wish it to be empirically taken, nor without the opinion of a judicious physician as to the propriety of its use, and the proportions of the dose. He need not have entered with so much particularity into the evils of improper medication in the affections where a nutritive and strengthening treatment is indicated: since all honest and competent physicians, at the present day, are not only fully impressed with the truth of such statements, but also endeavor, themselves, to convince their patients thereof—and such disquisitions are peculiarly the physician's province. Nor can we, with the experience already attained with cod-liver oil, endorse Mr. Richards's statement that "*it is a tonic of the highest class.*" Of its *nutritive* and restorative powers, however, there can be no doubt; and we think this jelly may be used with advantage by those in whose cases the medicament is at all needed, or likely to be beneficial.

The jelly is neatly put up, has an inviting look, and is afforded at a reasonable rate, when the care and labor requisite for its preparation are considered. For sale by S. H. Woods, Apothecary, 51 Tremont Street.

BLAIR & WYETH'S PURE CHOCOLATE FOR FAMILIES AND INVALIDS.

In these days of extensive adulteration of the various articles of food and drink, it is with pleasure we hail anything that even purports to be pure and worth purchasing. And when we can have the testimony of those who *know* an article to be thus reliable—they being good judges and honest men, we are thankful for the rare mercy, and eager to procure the well-attested specimen, whether it be of edible or medicinal nature, whenever we require the same.

There are few who do not appreciate a well-prepared cup of *good* chocolate. It is a delicious beverage for well persons, and often a very suitable one for invalids. When it is made up of extraneous materials in large proportion—such as "mutton-fat, mahogany dust, pea-nuts," etc., it is an objectionable drink for any one, and must be positively injurious to the delicate and susceptible. We are sorry to say that it has rarely been our good fortune to secure a truly good specimen of chocolate in this country, and we had nearly abandoned attempts at regaling ourselves in this particular sphere of gastronomic delight. Within a few days, however, Messrs. Metcalf & Co., of this city, have sent us a sample of chocolate whose designation stands at the head of this notice; and, on due trial, we pronounce it to be most excellent. The directions for preparing it having been scrupulously followed by one who knows how, we drank a large cup full of the chocolate: to have imbibed another would have been a delicious indulgence, but we paused, lest we should transcend the bounds of prudence, remembering that one ought not to take too much of very rich and delicate food—for this is food as well as drink.

We think that all who try this preparation will be highly pleased with it. Our only fear is that we shall be tempted to substitute it too often for our coffee, and thereby seriously diminish the already impoverished contents of our purse. How we wish it could be afforded at a *little lower* rate—but it would be brazen-faced effrontery to ask it!

THE MICROSCOPE AND PARASITIC DISEASES.

We regret that the article which our correspondent so justly criticises should have appeared in the Journal without editorial comment. Those who are conversant with the difficulties which occasionally occur in the management of a periodical, will readily believe that an article may occasionally slip into its pages without due consideration by the editors. Our correspondent makes no allusion to Dr. White's connection with the case: and we need hardly say that he was entirely ignorant that his name was to be brought before the public in this connection

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Diphtheria.—Scarcely any disease is more insidious than diphtheria. It calls for immediate and energetic treatment; yet under the most skilful hands is often incurable. When neglected or mistaken, it is indeed a fearful malady. We protest, therefore, in behalf of the public and the profession, against the system which at present obtains of vaunting in the public papers of "remedies" and "specifics" for dangerous diseases. There is no "specific;" and "remedies" are valueless except when they are administered with judgment—a judgment which can be possessed only by the medical practitioner. Really it is time to put a stop to amateur doctoring in diseases of a fatal character. People may, if they please, in the less severe or dangerous maladies, amuse themselves with a placebo or with globules; but when life is at stake, and delay or a mistaken line of treatment causes death, their folly becomes crime, their rashness little less than murder. —*Lond. Lancet.*

Perkins Institution and Massachusetts Asylum for the Blind.—The number of blind persons connected with the Institution in January last, was reported as 114. Since then, for the three quarters last past, 15 have been admitted and 15 have been discharged, leaving the actual number 114.

Medical Graduates in Philadelphia.—The Jefferson Medical College held its commencement on Tuesday, the 15th inst., on which occasion the Degree of Doctor of Medicine was conferred on 256 young gentlemen. The valedictory address was given by Prof. Franklin Bache, M.D. The exercises were conducted in the presence of a very large and intelligent audience.—On Thursday, the 17th, the Medical Department of the University of Pennsylvania held its annual commencement. The Degree of Doctor of Medicine was conferred on 140 candidates for the honors of the doctorate. The charge to the graduates was given by Prof. Henry H. Smith, M.D. As is usual on these occasions, the audience room was filled by an attentive and highly respectable audience.—The commencement of the College of Pharmacy of Philadelphia was held on Thursday evening, the 17th inst., on which occasion the Degree of Graduate in Pharmacy was conferred on twenty-one candidates. The valedictory address was delivered by Prof. Robert Bridges, M.D.—*Med. and Surg. Reporter.*

Medical College of Georgia.—The names of thirty gentlemen were presented by the Faculty of the Medical College of Georgia, at its late commencement, to the President and Board of Trustees, for the Degree of Doctor of Medicine. They also recommended that the Honorary Degree of M.D. be conferred upon Rev. W. H. Clark, Missionary to Central Africa, and Dr. William B. Gilbert, of Clay Co., Geo. The Faculty report, that there were in attendance upon the Course of Lectures which has just terminated, 165 Students, of whom 112 were from Georgia, 21 from Alabama, 26 from South Carolina, 2 from Florida, 1 from Tennessee, 1 from North Carolina, 1 from Texas, and one from Mississippi.—*Southern Med. and Surg. Journal.*

Savannah Medical College.—The annual Commencement in this Institution took place on Monday, March 7th. The Dean reported to the Trustees, that 34 students had been in attendance on the Lectures during the past season. The Degree of Doctor of Medicine was conferred on eight of the class. The *Ad Eundem* Degree was conferred upon A. S. Fowler, M.D., of Ringgold, Ga., and W. P. Parker, M.D., of Marietta, Ga.—*Savannah Jour. of Medicine.*

Hereditary Influences in the production of Insanity.—Hereditary influences, striking as these often are, really exist in but a very small proportion of all the cases of insanity; and even where they do, the individual who is strictly mindful of natural laws, avoids excesses of all kinds, and is happy in his domestic and social relations, may be really much better off than those who lead a different kind of life, and yet have never known an ancestor to suffer from such an affliction.—*Dr. Kirkbride's Hospital Report.*

The Leniceps.—M. Mattei presented very lately to the Academy of Medicine of Paris, an instrument for the extraction of the child, which differs from the ordinary forceps by being very short, and by the branches locking upon a transverse wooden handle. The inventor considers that his instrument does not frighten the mother, as it may be used without her knowledge, and that it acts very gently upon the child. He therefore proposes to call it *leniceps* (leniter capiens) in contra-distinction to *forceps* (fortiter capiens.)—*London Lancet.*

ERRATUM.—In the last number, page 142, line 9, it is stated that a patient was "salivated twenty years"; it should be, twenty years *ago*.

MARRIED,—In New Bedford, March 17th, Charles M. Tuttle, M.D., to Miss Elizabeth B. Arnold.

DIED.—At Blackstone, 5th inst., Geo. M. Burgess, M.D., formerly of Goshen, 42.—At Pepperell, 23d ult., Mrs. Eliza J Cutter, wife of Dr. Nehemiah Cutter; and, 15th inst., Dr. Nehemiah Cutter.—At Charleston, S. C., March 6th, Dr. Thomas D. Mutter, 60, Emeritus Professor of Surgery in Jefferson Medical College.

Deaths in Boston for the week ending Saturday noon, March 19th, 62. Males, 35—Females, 27.—Accident, 2—bronchitis, 1—consumption, 17—convulsions, 1—cholera infantum, 1—croup, 1—dropsy, 1—dropsy in the head, 3—debility, 1—infantile diseases, 3—typhoid fever, 1—scarlet fever, 4—disease of the heart, 3—inflammation of the kidneys, 2—disease of the kidneys (Bright's), 1—inflammation of the lungs, 4—congestion of the lungs, 1—marasmus, 1—measles, 1—palsy, 1—pleurisy, 3—rheumatism (of the heart), 1—scrofula, 1—suicide, 1—tabes mesenterica, 1—teething, 3—unknown, 1—whooping cough, 1.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 41—Ireland, 14—other places, 7.